
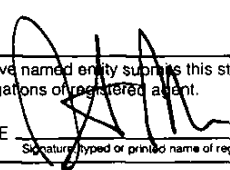


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000003842			
1. Entity Name SOUTH BEACH BREAKWATER RESTAURANT, LLC			
Principal Place of Business 940 OCEAN DRIVE MIAMI BEACH, FL 33139		Mailing Address 940 OCEAN DRIVE MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box # 222 Merrill #100		3. Mailing Address 222 Merrill #100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Birmingham MI		City & State Birmingham MI	
Zip 48009		Zip 48009	
Country USA		Country USA	
4. FEI Number 20-1632255		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IURATO, KEVIN M 101 E. KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: Steven Mishan Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Ave., Suite 1100 City: Miami FL 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 5/21/07	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH BEACH MANAGER, L.L.C. 36400 WOODWARD AVENUE, SUITE 118 BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 Merrill #100 Birmingham MI 48009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 05/18/07 248-433-0713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



05172007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1632255 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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06/05/07 01046 007 **100.00

REINSTATEMENT

